

PART 2 OF 7&8 CEDAW REPORT:

Annex 1

COUNTRY RESPONSE TO THE UN CEDAW COMMITTEE'S CONCLUDING COMMENTS ON NIGERIA'S 6TH PERIODIC REPORT

PRINCIPAL AREAS OF CONCERN AND RECOMMENDATIONS (6TH COUNTRY REPORT)	RESPONSE/MITIGATION EFFORT (7TH & 8TH Reports)
Undertake all necessary measures to ensure the full implementation of the Convention in a consistent and coherent manner across the country	Diverse strategies are being used to ensure full implementation of CEDAW including but not limited to Advocacy for the passage of the CEDAW bill, awareness creation and sensitization, legal reform, policy development, promotion of the need to adopt gender mainstreaming strategy by Ministries, Departments and Agencies (MDAs) etc. The principles of CEDAW are shaping programmes, plans and decisions across the country
Submit the present concluding observations to all relevant ministries, to the National and State Assemblies and the judiciary in order to ensure their effective implementation	A National Stakeholders debriefing meeting was held in September 2008 with representatives of CSOs, MDAs, Development partners and State Ministries of Women Affairs where the Concluding Observations were shared; It was also presented to National Assembly (NASS) during an advocacy visit for CEDAW domestication. It has been used as a reference material at different meetings with Stakeholders including one held in collaboration with CIRDDOC, an NGO based in Nigeria. It has also been printed into a booklet and disseminated widely.
Remaining discriminatory provisions and discriminatory laws	
Intensify effort to ensure the passage of the draft bill on the domestication of the Convention, including through the holding of consultations with government officials, political leaders and members of the National Assembly, civil society organizations and other relevant stakeholders, with a view to raising awareness and broadening understanding of the Convention, as well as building support for the draft bill.	<ol style="list-style-type: none"> 1. Nigeria as a member of the United Nations signed and ratified the UN Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) in 1985 and its Optional Protocol in 2004 respectively. By implication, Nigeria has an obligation to domesticate and internalize the provisions of the Convention. 2. Sequel to the setback that the 2005 CEDAW Bill suffered in 2007 with the 5th Legislative Assembly, efforts to re-introduce the Bill under the 6th and the current 7th Legislative Session by the Federal Ministry of Women Affairs and Social Development (FMWASD) in collaboration with her stakeholders has

	<p>not been successful.</p> <p>3. The FMWASD and her stakeholders have not relented in their efforts at re-strategizing towards re-introducing the Bill for passage and have change the bill title from CEDAW to Gender and Equal Opportunities to ensure it passage before the expiration of the current Legislative Session.</p>
<p>Accelerate and expand efforts at legislative reform, including with respect to the laws identified in the study conducted by the Women Development Centre</p> <p>Repeal section 55 of the Penal Code of Northern Nigeria, section 55 of chapter 198 of the 1990 Labour Act of Nigeria and section 360 of the Criminal Code, and ensure that those responsible for the implementation of these laws and policies are made aware of their discriminatory contents.</p>	<p>The Nigerian Law Reform Commission (NLRC) has concluded work to mainstream gender equality and CEDAW provisions into the laws of Nigeria and the sections of different national laws requiring amendment have been articulated. The recommendations of the NLRC have been submitted to the Honourable Attorney General of the Federation and Minister of Justice for presentation to the National Assembly.</p>
<p>Awareness-raising and advocacy campaigns be developed and implemented, involving parliamentarians, civil society and the general public, including religious and traditional leaders, in order to enhance understanding of the provisions of the Convention and support for the principle of gender equality and the prohibition of discrimination.</p>	<p>The Hon. Minister for Women Affairs (HM) paid advocacy visits to MDAs at national level (Chief Justice of Nigeria, the Attorney-General, IGP, INEC Chairman among others) to raise awareness on the provisions of CEDAW and to advocate commitment to the promotion of gender equality and the prohibition of discrimination.</p> <p>Similar visits were also paid to States (Governors, State Assemblies, Traditional leaders, CSOs) by the HM in company of other Ministry officials, NASS member from such state, CSOs and other notable individuals during the reporting period.</p>
<p>Ensure that the Convention and related domestic legislation are made an integral part of legal education and the training of judicial officers, including judges, lawyers and prosecutors, so as to firmly establish in the country a legal culture supportive of women's equality and non-discrimination.</p>	<p>National and Zonal Training programmes were conducted in 2012/13 for Law Enforcement Officers (Customs, Police, Judges, Lawyers, Immigration, Prisons) in all the 36 States of the Federation. Several CSOs are also carrying out similar training programmes across the country.</p> <p>The Nigerian Police Force has developed and adopted a National Human Rights Training Curriculum. The development of the gender component of the manual was done with the support of UNWOMEN. The manual will be used in all Police training colleges across the country.</p>
<p>Repeal without delay section 29, paragraph 4, of the Constitution.</p>	<p>FMWASD presented a Memorandum to the NASS on this and other sections of the Constitution that are anti-</p>

	women's rights for repeal by NASS in the on-going review process of the 1999 Constitution.
Ensure that those states that have not yet done so adopt the Child Rights Act without delay and to ensure its effective implementation	Following the last report, 5 more States have adopted the Child's Rights Act. As at date 13 states are yet to pass the CRA, however, such States are partially implementing the principles of CRA. Furthermore efforts are still on-going to get such States to adopt the Act as State laws.
Accelerate and expand efforts towards the harmonization of marriage and family laws in line with Articles 2 and 16 of the Convention. Report on the progress as well as outcomes achieved with regard to the process of review of Family Laws in its next periodic report.	The National Law Reform Commission (NLRC) has articulated discriminatory laws requiring amendment and submitted same to the Honourable Attorney General of the Federation and Minister of Justice for presentation to the National Assembly. Efforts are also on-going to ensure that the review process of the 1999 Constitution by the NASS amend the identified laws.
Stereotypes and negative cultural practices	
Take measures, including the enactment of national legislation, to modify or eliminate traditional and cultural practices and stereotypes that discriminate against women in accordance with articles 2 (f) and 5 (a) of the Convention.	Many States of the federation have passed laws and many bills are before National and State Assemblies on abolition of harmful traditional/cultural practices. Some of such laws are: <ul style="list-style-type: none"> • Cross River State Law To Prohibit Domestic Violence Against Women and Maltreatment Of Widows, LAW No. 10 of 2004. • Enugu State Of Nigeria, Prohibition of Infringement of a Widow's and Widower's Fundamental Rights Law No.3, 2001 • Rivers State Abolition of Female Circumcision Law NO 2, 2001. • Cross River State Law To Prohibit Girl-Child Marriages and Female Circumcision or Genital Mutilation, LAW No. 2 of 2000. • Ebonyi State Abolition of Harmful Traditional Practices against Women and Children Law No. 10 of 2001. The Supreme Court in a landmark Judgment in April 2014 declared repugnant to natural justice, equity and good conscience Nigerian customs which disinherit women.
Intensify cooperation in this regard with civil society organizations, women's groups and community leaders, traditional and religious	HM's advocacy to MDAs and States and on-going national efforts through the 1999 Constitution Review (See enclosed memorandum by the FMWASD)

<p>leaders, as well as teachers and the media.</p>	
<p>Increase efforts to design and implement long-term strategies, as well as education and awareness-raising programmes targeting women and men at all levels of society, with a view to creating an enabling environment for the elimination of stereotypes and practices that are discriminatory to women and allowing women to exercise their fundamental rights.</p>	<p>The National Gender Policy and its Strategic Implementation Framework are currently being reviewed in order to strengthen efforts at promoting gender equality and the empowerment of women. The FMWASD and its partners are engaging religious and traditional institutions and communities towards the elimination of stereotypes and practices that are discriminatory to women. Male champions have emerged from these awareness programs and are participating in the campaign.</p>
<p>Review periodically the measures taken to eliminate stereotypes and practices that are discriminatory to women in order to assess their impact, take appropriate action and report thereon to the Committee in its next periodic report.</p>	<p>HM advocacy to MDAs and States and national efforts on-going through the 1999 Constitution Review See enclosed memorandum by the FMWASD and the National Gender Policy Strategic Implementation Framework</p>
<p>Enact national legislation to prohibit female genital mutilation, including penalties for perpetrators, remedies and support for victims, with a view to eliminating this harmful practice. The Committee invites the State party to increase its efforts to design and implement long-term strategies, as well as education and awareness-raising programmes involving traditional and religious leaders, women’s organizations and the general public.</p>	<p>A National Policy on the elimination of FGM and an implementation framework has been developed by the Federal Ministry of Health with the support of WHO</p> <p>HM advocacy to MDAs and States, FMoH efforts with Development partners and national efforts on-going through the 1999 Constitution Review. The Violence against Persons Prohibition bill 2014, which has been passed by the lower house and has gone through first reading in the Senate, has elaborate provisions that prohibit FGM and provide for stiff penalties. It is expected that the 7th NASS will pass the bill before the expiration of its lifetime. See enclosed memorandum by the FMWASD The National Gender Policy Strategic Implementation Framework.</p>
<p>Violence Against Women</p>	

<p>Accord priority attention to the adoption of comprehensive measures to address violence against women</p> <p>Enact comprehensive legislation on all forms of violence against women, including domestic violence, as soon as possible. Such legislation should ensure that all forms of violence against women constitute a criminal offence, that women and girls who are victims of violence have access to immediate means of redress and protection, and that perpetrators are prosecuted and punished.</p>	<p>A Violence Against Persons Prohibition Bill (VAPP Bill) 2014, has been passed by the Lower House of the NASS and has passed the 1st Reading at the Senate. Advocacy efforts are on-going to ensure that the BILL is passed into law before the end of this legislative dispensation.</p> <p>However, many States - Ekiti State, Imo State have passed similar laws i.e. the Ekiti State Gender-Based Violence (Prohibition) Law, 2011, The Violence Against Persons Prohibition Law, 2012, Imo State. Lagos State Protection Against Domestic Violence Law, 2007.</p>
<p>Expand training activities and programmes for Parliamentarians, the judiciary and public official in particular law enforcement personnel, and for health-service providers, so as to ensure that they are sensitized to all forms of violence against women and can provide adequate support to victims.</p>	<p>National & Zonal Training on violence against women was conducted in 2012/13 for Law Enforcement Officers (Customs, Police, Judges, Lawyers, Immigration, Prisons etc.) in all the 36 States of the Federation and they are on-going. CSOs are also carrying out similar training programmes across the country.</p>
<p>Expansion of public awareness-raising campaigns on all forms of violence against women.</p>	<p>Efforts have been intensified on awareness creation and media campaigns reportage has increased tremendously over the years on issues of VAW. Stakeholders grant interviews and hold talks on national and local radio and television, IEC materials are developed from time to time. The 16 Days of Activism Against Gender Based Violence is marked annually by Federal and State Government Ministries of Women Affairs, CSOs and other stakeholders</p>
<p>Establish additional counselling and other support services for victims of violence, including shelters, and enhance cooperation with, and support for NGOs working in the area of violence against women</p>	<p>Establishment of temporary shelters, rehabilitation centres for victims of VAW and sex workers is in place in collaboration with CSOs (WRAPA, Project Alert, WACOL, CIRDDOC etc.)</p>
<p>Provide information in the next periodic report on the laws and programmes in place to deal with violence against women and on the impact of such measures, as well as data and trends on the prevalence of various forms of violence.</p>	<p>The Violence Against Persons Prohibition Bill (VAPP) was passed by the House of Representatives on 14th March, 2013 and has since been transmitted to the Senate for concurrence. It has passed 1st Reading in the Senate.</p>
<p>Trafficking</p>	
<p>Ensure the full implementation of the Trafficking in Persons (Prohibition) Law Enforcement and Administration Act, including the prosecution and punishment of offenders.</p>	<p>This law is being implemented and the prevalence of trafficking is reducing in Nigeria. The Law has also been reviewed and recommended for amendment in order for it to effectively respond to some gaps that the process of implementation has so far highlighted.</p>

<p>Give priority attention to the protection (including witness protection), counselling and rehabilitation of victims, especially girl children.</p>	<p>The National Agency for the Prohibition of Trafficking in Persons (NAPTIP) has Eight (8) shelters across the country mainly for rescued victims of trafficking and it partners with other privately owned shelters in order to ensure witness protection counselling and rehabilitation</p>
<p>Enhance measures aimed at the prevention of trafficking, including economic measures to reduce the vulnerability of women and girls, as well as awareness-raising and information campaigns, in particular in communities most at risk.</p>	<p>There is a National Policy on Protection and Assistance to Trafficked Persons in Nigeria (2008) and a National Policy on Elimination of Child Labour in Nigeria, 2013.</p> <p>Between 2008 and 2014, the Federal Ministry of Labour & Productivity with the support of the International Labour Organisation (ILO) and the United States Department of Labour (USDOL) implemented a pilot project in Ogun and Oyo States of Nigeria with the aim of eliminating Worst Forms of Child Labour, a practice which is closely linked with trafficking. Through the project, awareness was created and parents of vulnerable children were economically empowered.</p>
<p>Intensify international, regional and bilateral cooperation with other countries of origin, transit and destination of trafficked women and girls.</p>	<p>Following the last report, more bilateral and multilateral agreements have been signed. Nigeria is presently collaborating with Italy, France, Netherlands, Switzerland, Spain, United States of America, Finland, Britain, Saudi Arabia, Norway, Benin Republic and Organizations such as UNODC, IOM, UNICEF, ILO, USAID, UNICRI, WOTCLEF etc. on issues of Trafficking in Persons (TIP)</p>
<p>Political participation and participation in public life</p>	
<p>Take measures, with benchmarks and concrete Time tables, to increase the number of women in political and public life, at all levels and in all areas, in the light of its general recommendation No. 23 on women in political and public life.</p>	<p>Although there are no benchmarks and timetables, the present government is mindful of the need to increase women's participation in political and public life. As such, out of 42 Federal Ministers 13 females were appointed.</p>
<p>Introduce temporary special measures, in accordance with article 4, paragraph 1, of the Convention and the Committee's general recommendation No. 25, to strengthen efforts to promote women to positions of leadership.</p>	<p>A Women Trust Fund was created in 2010 to support female political aspirants during the 2011 elections. About 235 women have benefited from the funds to support their political career and 12 of them won elections and are currently serving.</p> <p>Women's rights advocates are also well represented in the country's ongoing national conference where issues of gender equality were raised and debated with positive and progressive resolutions reached on them.</p>
<p>Increase the availability of training and capacity-</p>	<p>Training opportunities organized by Government &</p>

<p>building programmes for women wishing to enter or already in public office and enhance awareness-raising campaigns on the importance of women's participation in political and public life.</p>	<p>CSOs for women in political and public life have greatly increased over the years.</p>
<p>Employment</p>	
<p>Adoption of measures to guarantee the implementation of all the provisions of article 11 of the Convention and the implementation of the relevant conventions of the International Labour Organization that have been ratified by Nigeria.</p>	<p>Relevant ILO Conventions ratified by Nigeria have been domesticated into the national legislations and are being implemented, reports of which were submitted to ILO Committee of Experts on the Application of Conventions and Recommendation.</p>
<p>Ensure equal opportunities for women and men in the labour market, including through the use of temporary special measures in accordance with article 4, paragraph 1 of the Convention and the Committee's general recommendation No. 25.</p>	<p>The provision of the Labour Act, Cap 198, 2004 provides for equal employment opportunities for women and men in Nigeria. The Government subsequently, ratified ILO 100 on Equal Remuneration, 1951 and ILO Convention 111 on Discrimination (Employment and Occupation) 1958. The National Employment Policy provides for equal opportunity of workers irrespective of race, sex, religion, political opinion, physical disabilities, national extraction, ethnic or social origin.</p>
<p>Pay particular attention to the conditions of women workers in the informal sector with a view to ensuring their access to social services.</p>	<p>The Government through the Ministry of Labour and Productivity is in the process of extending labour inspection services to the informal sector with a view to protect workers in the informal sector including enforcing labour legislation and extending labour administration services in/to the informal sector to ensure access to social services.</p>
<p>Review, as a matter of priority, discriminatory laws and regulations with a view to their repeal or amendment in accordance with article 11 of the Convention.</p> <p>Enact legislation prohibiting sexual harassment in the workplace, including sanctions, civil remedies and compensation for victims.</p>	<p>Section 55 of the Labour Act, Cap 198, 2004 was not intended to be discriminatory but initially aimed at protecting women from jobs that were considered hazardous (night and underground). To further ensure implementation of this provision, Nigeria ratified: ILO Conventions 100 and 111. This has empowered Nigeria to revise the Labour Act to reflect the non-discriminatory provisions. The Labour Standards Bill prohibits sexual harassment in the workplace and provides sanctions for offenders. The Bill is presently awaiting enactment at the National Assembly.</p>
<p>Establish an effective monitoring and regulatory mechanism on employment issues and practices in the private sector. Taking note of the existence of a draft labour standards bill, which, inter alia,</p>	<p>The Federal Ministry of Labour and productivity has the mandate of enforcing the Labour Act, Cap 198, 2004. The Ministry gives effective enforcement (Monitoring</p>

<p>prohibits discrimination in employment or occupation and guarantees the right to equal remuneration for work of equal value, the Committee requests the State party to include detailed information on the content, implementation and enforcement of such standards in its next periodic report.</p>	<p>and regulation) of the Labour laws in both the public and private sectors of the economy through labour administration activities of its officers/offices all over the federation.</p> <p>The State Labour Offices submit weekly, monthly, quarterly and annual reports to the headquarters on all enforcement activities in the States.</p> <p>The Labour Standards Bill prohibits all forms of discrimination in the workplace and is presently awaiting National Assembly enactment.</p>
<p>Health</p>	
<p>Continue efforts to improve the country's health infrastructure, particularly at the primary level, and to integrate a gender perspective into all health sector reforms.</p>	<p>Launch of Integrated Maternal and Child Health Strategy (IMNCHS), SURE-P Maternal and Child Health Programme is designed to increase availability of skilled care to women during pregnancy and childbirth. National Gender Policy framework as well as the National Strategic Health Development Plan 2011 – 2015 provides direction for the integration of gender into health plans and programmes towards improved healthcare for women.</p>
<p>Improve women's access to quality and affordable health-care and health-related services, in particular at the primary level and in rural areas.</p>	<p>Government initiatives in this area include:</p> <ul style="list-style-type: none"> • Saving One million lives Initiatives launched in 2012 & aimed at strengthening data collection & management; • Enhancement of Primary Health Care Facilities across the country; • Midwives Service Scheme; • Procurement of Ambulances for hard to reach areas at 3 per states; • SURE-P MCH; Provision of Anti-shock Garment, Manual Vacuum Aspirator etc. Partnership with the National Union of Road Transport Workers (NURTW) across the Northern region for provision of Emergency Transport Service (ETS) to pregnant women requiring emergency services; Conditional Cash Transfer to pregnant women who attend focused ANC, delivery in health facility under the care of skilled birth attendant & attendance of post natal care within 2 days after delivery for immunization.
<p>Introduce a holistic and life cycle approach to women's health, taking into account its general recommendation No. 24 on women and health.</p>	<p>Efforts are on to employ the life cycle approach on health though the focus on peculiar adolescents sexuality and reproductive health needs is minimal.</p>

<p>Ensure the full implementation of policies and programmes to prevent and combat malaria and HIV/AIDS.</p>	<p>The national response on HIV/AIDS is guided by a National Strategic Framework, the implementation of which is on course and well funded.</p> <p>Government commitment to combating malaria has increased over the years and efforts are yielding progressive results. As at 2012, Nigeria has achieved three MDG targets one of which is reversing the trend on HIV/AIDS and malaria.</p>
<p>Implement awareness-raising campaigns to enhance women's knowledge of health issues, with special attention paid to the prevention and control of sexually transmitted diseases and HIV/AIDS.</p>	<p>The national response on HIV/AIDS has a comprehensive advocacy and RH Strategy. It also has a five year strategic plan & programme implementation framework on Women, Girls, Gender Equality and HIV. These and other related programme documents have continue to shape programmes and actions on efforts at enhancing woman's ability to prevent infection. The FMWASD in collaboration with CSOs are carrying out awareness programs to reduce the spread of STDs and HIV/AIDS.</p>
<p>Address, as a matter of priority, the high maternal mortality rate, including the allocation of adequate resources to increase women's access to affordable health services, in particular prenatal, post-natal and obstetric services, as well as other medical and emergency assistance provided by trained personnel, in particular in rural areas.</p>	<p>In recognition of the need to heighten commitment to the reduction of maternal mortality, the Government of Nigeria has embarked on a series of innovative initiatives which have started to yield results. Reducing maternal mortality is among the MDG targets that have recorded appreciable progress between 2008 and 2012: it declined from 545 per 100,000 live births in 2008 to 350 in 2012.</p>
<p>Improve the availability and affordability of sexual and reproductive health services, including family planning information and services.</p>	<p>Without essential commodities such as contraceptives, HIV testing kits and emergency obstetric care equipment, people cannot fully exercise the rights and access reproductive health care services. In many places, male and female condoms have been provided to prevent the spread of HIV. Government in this area have provided the right quantities of the right products in the right condition in the right place at the right time for the right price. This complex logistical process involves many actors from both the public and private sectors. UNFPA takes a lead role in reproductive health commodity security, by forecasting needs, mobilising support, building logistical capacity at the country level and coordinating with government and other partners.</p>
<p>Adopt measures to increase knowledge of, and access to, affordable contraceptive methods, so that women and men can make informed choices about the number and spacing of children</p>	<p>Series of measures have been taken including the development of Reproductive Health Commodity Security Strategy (2011) and a National Condom Strategy (2007-2012)</p>

Assess the impact of abortion law on the maternal mortality rate and to give consideration to its reform or modification.	Research has shown that unsafe abortion contributes to 11% of maternal deaths in Nigeria. However, this cannot be directly linked to the restrictive abortion laws of the country as no study to this effect has been conducted.
Implement awareness-raising campaigns to enhance women's knowledge of reproductive health issues. Ensure that sex education be widely promoted and targeted at adolescent girls and boys.	Awareness creation on women's reproductive health is continuously been held by government agencies and CSOs and comprehensive sexuality education is also being targeted at young boys and girls through Family Life and HIV Education, also known as FLHE. This is the Ministry of Education approved curriculum for teaching about family life, sexuality and HIV and AIDS. It is offered at the junior and senior secondary school and tertiary levels.
Economic Empowerment	
Ensure that the promotion of gender equality is an explicit component of national, state and local development plans and programmes, in particular those aimed at poverty reduction and sustainable development.	Gender is mainstreamed into the national development strategy – Vision 20.20.20. This is evident in the gender responsive programmes/initiatives being supported by the Central Bank and the Federal Ministry of Finance.
Pay special attention to the needs of rural women and women heads of household, ensuring that they participate in decision making processes and have full access to credit facilities	The OSSAP-MDGs specifically targets Female headed households with micro credit facilities across the country. In April 2014, over 135 Agro based Cooperative societies operated by women and located in 148 LGAs of the country accessed the facility.
Ensure that rural women have access to health services, education, clean water, electricity, land and income generating projects	These services are on government priority list and different initiatives are being embarked upon at different levels to ensure that women especially in the rural areas have access to social services. Such initiatives are presented in the full report.
Design and implement gender-sensitive rural development strategies and programmes and ensure full participation of rural women in their formulation and implementation	The Federal Ministry of Agriculture and Rural Development under the Growing Girls and Women in Nigeria project is working with rural women cooperatives to produce rice and other products. It also trained women on poultry, aquaculture, cassava processing and packaging. Starter packs was also provided the women to ensure they are carried along in key decision making including registering them on E-wallet agro-data base for agro-allied and health information.
Vulnerable Groups of Women	
Pay particular attention to the needs of internally displaced women, including women with disabilities, through the adoption of a national policy on displacement in line with Security	There is a draft policy on IDPs submitted to the Federal Executive Council 2013. It is awaiting approval. There is also a National Policy on Disability, the implementation of which is being led by the

<p>Council resolutions 1325 (2000) and 1820 (2008), and the formulation and implementation of gender-sensitive plans and programmes for social reintegration, capacity-building and training of internally displaced persons.</p>	<p>Federal Ministry of Women Affairs and Social Development.</p>
<p>The Inter-Ministerial Task Force on Gender and Peacekeeping to pay particular attention to the situation of internally displaced women. Ensure the protection of internally displaced women from violence and their access to immediate means of redress.</p>	<p>The National Emergency Management Agency with the support of the Nigerian Red Cross and other With the assistance of Development Partners and public spirited individuals, the government through its Committee on Victims Support Fund, continue to respond to the immediate needs of internally displaced women including their security. However, the recent upsurge in the level of internal crisis due to the activities of the terrorist group – Boko Haram has made the number of IDPs to rise drastically and making effective response a difficult task.</p>
<p>The Committee encourages the State party to accept, as soon as possible, the amendment to article 20, paragraph 1, of the Convention concerning the meeting time of the Committee.</p>	<p>This has been accomplished</p>
<p>Beijing Declaration and Platform for Action</p>	
<p>Utilize fully, in the implementation of obligations under the Convention, the Beijing Declaration and Platform for Action, which reinforce the provisions of the Convention, and include information thereon in its next periodic report.</p>	<p>The Beijing Platform of Action alongside the provisions of the CEDAW Convention continue to inform policies, strategies and actions of government and stakeholders in the promotion and protection of the rights of women and girls in the country. The National Gender Policy and its Strategic Framework are in line with provisions of these instruments.</p>
<p>Millennium Development Goals</p>	
<p>Emphasis on full and effective implementation of the Convention is indispensable for achieving the Millennium Development Goals. Integrate gender perspective and explicit reflection of the provisions of the Convention in all efforts aimed at the achievement of the Goals and include information thereon in the next periodic report.</p>	<p>Gender is mainstreamed into the work of the Office of the Senior Special Assistant to the President on the MDGs (OSSAP-MDG). The office is particularly mindful of the provisions of Articles 4,13 & 14 and therefore consciously supports programmes aimed at empowering rural women and female headed households</p>
<p>Ratification of other treaties</p>	
<p>The Government of Nigeria is encouraged to ratify the treaties to which it is not yet a party, namely</p> <ul style="list-style-type: none"> • the international Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families • the Convention on the Rights of Persons with Disabilities 	<p>Nigeria ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families as well as the International Convention for the Protection of All Persons from Enforced Disappearance on July 27, 2009.</p> <p>Nigeria ratified the Convention on the Rights of Persons with Disabilities and the optional Protocol</p>

<ul style="list-style-type: none"> the International Convention for the Protection of All Persons from Enforced Disappearance. 	thereo on September 24, 2010
Dissemination of concluding observations	
Widely disseminate in Nigeria the present concluding observations in order to make the people, including Government officials, politicians, parliamentarians and women’s and human rights organizations, aware of the measures that have been taken to ensure de jure and de facto equality of women, as well as the further steps that are required in this regard.	The concluding observations were reprinted into a booklet and widely disseminated to all stakeholders at national, state and local government levels.
Strengthen the dissemination, in particular to women’s and human rights organizations, of the Convention, its Optional Protocol, the Committee’s general recommendations, the Beijing Declaration and Platform for Action and the outcome of the twenty-third special session of the General Assembly, entitled “Women 2000: gender equality, development and peace for the twenty-first century”.	Ditto
Follow-up to concluding observations	
Provide, within two years, written information on the steps taken to implement the recommendations contained in paragraphs 315, 317, 319 and 337 of Concluding recommendations. Seek technical cooperation and assistance, including advisory services, if necessary and when appropriate for implementation of the above recommendations.	A report on this was produced and forwarded to the Committee in the year 2007.

Annex 2

Glossary of Terms

AA	-	Affirmative Action
ADR	-	Alternative Dispute Resolution
AIDS	-	Acquired Immune Deficiency Syndrome
APRRW	-	African Charter on Human and Peoples' Rights on the Rights of Women
ART	-	Anti – Retro Viral Therapy
AU	-	African Union
BCC	-	Behaviour Change Communication
BPFA	-	Beijing Platform For Action
CEDAW	-	Convention on the Elimination of All Forms of Discrimination Against Women
CDCP	-	Centre for Disease Control and Prevention (US)
CIRDDOC	-	Civil Resource Development and Documentation Centre
CSOs	-	Civil Society Organisations
CWIQ	-	Core Welfare Indicators Questionnaire
DFID	-	Department for International Development
EFA	-	Education For All
FBO	-	Faith Based Organization
FGN	-	Federal Government of Nigeria
FLHE	-	Family Life HIV/AIDS Education
FMOH	-	Federal Ministry of Health
FMWASD	-	Federal Ministry of Women Affairs and Social Development
FMYD	-	Federal Ministry of Youth Development
GBV	-	Gender – Based Violence
GEP	-	Girls’ Education Project
GPI	-	Gender Policy Index
HAF	-	HIV/AIDS Fund
HCT	-	HIV Counselling and Testing
HIV	-	Human Immuno – Deficiency Virus
HM	-	Honourable Minister for Women Affairs and Social Development
ICPD	-	International Conference on Population and Development
IDP	-	Internally Displaced Persons
IEC	-	Information, Education and Communication
IMNCH	-	Integrated Maternal, Newborn and Child Health Strategy
INEC	-	Independent National Electoral Commission
IPCR	-	Institute for Peace and Conflict Resolution
ITNs	-	Insecticides Treated Nets
LACA	-	Local Action Committee on AIDS
LGA	-	Local Government Area
MDA	-	Ministries, Departments and Agencies
MDG	-	Millennium Development Goal
MEND	-	Movement for the Emancipation of the Niger Delta

MFI	-	Micro-Finance Institutions
MICS	-	Multiple Indicators Clusters Survey
NACA	-	National Agency for the Control of AIDS
NAHRS	-	National HIV/AIDS and Reproductive Health Survey
NAR	-	Net Attendance Ratio
NAWOCA	-	National Women Coalition on HIV/AIDS
NBS	-	National Bureau of Statistics
NCNE	-	National Commission for Nomadic Education
NCWD	-	National Centre for Women Development
NEEDS	-	National Economic Empowerment and Development Strategies
NEMA	-	National Emergency Management Agency
NEPWHAN	-	Network of People Living with HIV/AIDS in Nigeria
NFACA	-	National Faith – Based Advisory Committee on HIV/AIDS
NGO	-	Non-Governmental Organization
NIBUCCA	-	Nigerian Business Coalition Against HIV/AIDS
NIS	-	Nigeria Immigration Service
NSF	-	HIV/AIDS National Strategic Framework
NUC	-	National Universities Commission
NYNETHA	-	The Youth Network on HIV/AIDS in Nigeria
OPD	-	Office of the Public Defender
OPS	-	Organized Private Sector
OVC	-	Orphans and Vulnerable Children
PABA	-	People Affected by AIDS
PEWIP	-	Platform for Enhanced Women’s Participation in Peace Building in the Niger Delta
PLWAs	-	People Living with AIDS
PLWHA	-	People Living With HIV/AIDS
PMTCT	-	Prevention of Mother to Child Transmission
POA	-	Programme of Action
SACA	-	State Action Committee on AIDS/State AIDS
SEEDS	-	State Economic Empowerment and Development Strategy
TIP	-	Trafficking in Persons
UBE	-	Universal Basic Education
UNDP	-	United Nations Development Programme
UNICEF	-	United Nations Children’s Fund
UNIFEM	-	United Nations Fund for Women
UNWOMEN	-	United Nations Entity for Gender Equality and the Empowerment of Women
VAPP	-	Violence Against Persons Prohibition Bill
WACOL	-	Women Aids Collectives
WANEP	-	West Africa Network for Peace Building
WDCs	-	Women Development Centres
WHO	-	World Health Organization
WIPNET	-	Women in Peace Network

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Annex 5:

SUBSIDY REINVESTMENT AND EMPOWERMENT PROGRAMME ON MATERNAL AND CHILD HEALTH ACHIEVEMENTS FROM 2012 to 2014

1. Background

The Federal Government in January 2012 made a decision to channel its own share of the Subsidy Reinvestment Funds into a combination of programmes to stimulate the economy and alleviate poverty through the provision of critical infrastructure and social safety net projects. The Maternal and Child Health (MCH) component of the Subsidy Reinvestment and Empowerment Programme (SURE-P) aspires to contribute to the reduction of maternal and newborn morbidity and mortality. The SURE-P MCH Project provides a unique opportunity to focus on increasing access to maternal and child health services through the continuum of care for pregnant women and their newborn.

Nigeria, the most populous country in Africa, constitutes just 1% of the world's population but accounts for 10% of the world's maternal and under-5 mortality rates despite several efforts that have been aimed at reducing the incidences and generally improve maternal and child health. A woman's chance of dying from pregnancy and childbirth in Nigeria is 1 in 13 (compared to 1 in 5000 in developed countries), with only about 40% of deliveries attended to by skilled birth attendants (Integrated Maternal & Child Health Strategy, FMOH). The most recent figures from the National Demographic and Health Survey estimated Nigeria's overall maternal mortality ratio at **565/100,000** live births. There is however, a high degree of variation across the country, with the highest maternal mortality ratio (**1549/100,000**) found in the North East and the lowest (**165/100,000**) in the South West (NDHS 2013). Most of these maternal and child deaths occur in rural communities hence the SURE P MCH is focusing on delivering services at primary health care facilities in rural communities across the 36 states and FCT.

2. Objectives

The objectives of SURE-P MCH Project are to:

- Increase the availability of skilled health workers to provide maternal and child health services at the primary health care (PHC) level;
- Provide visible infrastructural renovations to primary health care centres under the SURE-P MCH Project;
- Increase supply of essential service commodities at PHC facilities to improve service delivery; and
- Increase the demand for MCH services in rural communities through the use of conditional cash transfer (CCT) and community engagement at the grassroots

3. SURE-P MCH Components

There are two main components – the 'supply side' and the 'demand side'.

The **'supply side'** involves increasing and improving both infrastructure and human resources to improve health service delivery at the primary health care level.

Specifically, this component will refurbish PHC infrastructure, scale-up the number of trained health workers (i.e. midwives, community health extension workers (CHEWs) and village health workers (VHWs) to guarantee adequate antenatal attendance, skilled delivery at birth, routine immunization and postnatal care for women and their babies.

The **'demand side'** component aims to increase the utilization of maternal and child health services in the PHC facilities through the use of incentives such as the conditional cash transfer (CCT) after the fulfilment of prescribed co-responsibilities.

4. SUMMARY OF ACHIEVEMENTS

- Total number of Primary Health Care Facilities Supported by SURE P MCH across the 36 States and FCT = 1000
- Total Number of Health Workers employed and deployed to the Health Facilities = 12,110
- Midwives = 3158, Community Health Extension Workers = 3123 and Village Health Workers = 5829
- Medical equipment and Maternal and Child Health drugs supplied to the 1000 facilities
- Mama kits supplied = 680,000, Midwifery kits supplied = 2000, Outreach kits supplied = 1000 and village health worker kits supplied = 3000
- 500 Primary health care facilities renovated, 625 boreholes installed and 145 units of midwives accommodation built across the 36 States and FCT.
- Total number of women beneficiaries from the conditional cash transfer = 49,708
- Total amount of cash paid out to date to these women = N69,000,000.00

5. OUTCOMES:

SURE P MCH health workers are now providing quality antenatal, skilled birth delivery and postnatal services to pregnant women and their babies across the country. The SURE-P MCH Programme has generated significant increase in the uptake of services at 1000 primary health care centres in communities hosting them.

- **1,273,517 pregnant women** have received antenatal care services in SURE-P MCH supported facilities from October 2012 when health care workers were deployed to the PHC facilities till August 2014.
- **345,877 pregnant women** have completed focused antenatal care (ANC+4 visits) within the same period.
- **490,962 new antenatal care visits** have been recorded in SURE-P supported primary health care (PHC) facilities in the same period.
- **113,060 women** have accepted modern contraceptive methods in SURE-P supported primary health care (PHC) facilities within the same period.

- **182,956 babies have been delivered** by skilled birth attendants deployed to SURE-P supported primary health care (PHC) facilities within the same period.
- **235,082 women** have come back for **post natal care** after delivering at the facilities under SURE P MCH within the same period.
- **378,873 babies received Oral Polio Vaccine (OPV)** from facilities under SURE P MCH in the same period.
- Reduction of facility based maternal and neonatal **deaths by 50%** in communities served by SURE P MCH and **increase in antenatal attendance in these facilities by 42%** compared to the baseline before SURE P started.

Figure 1:

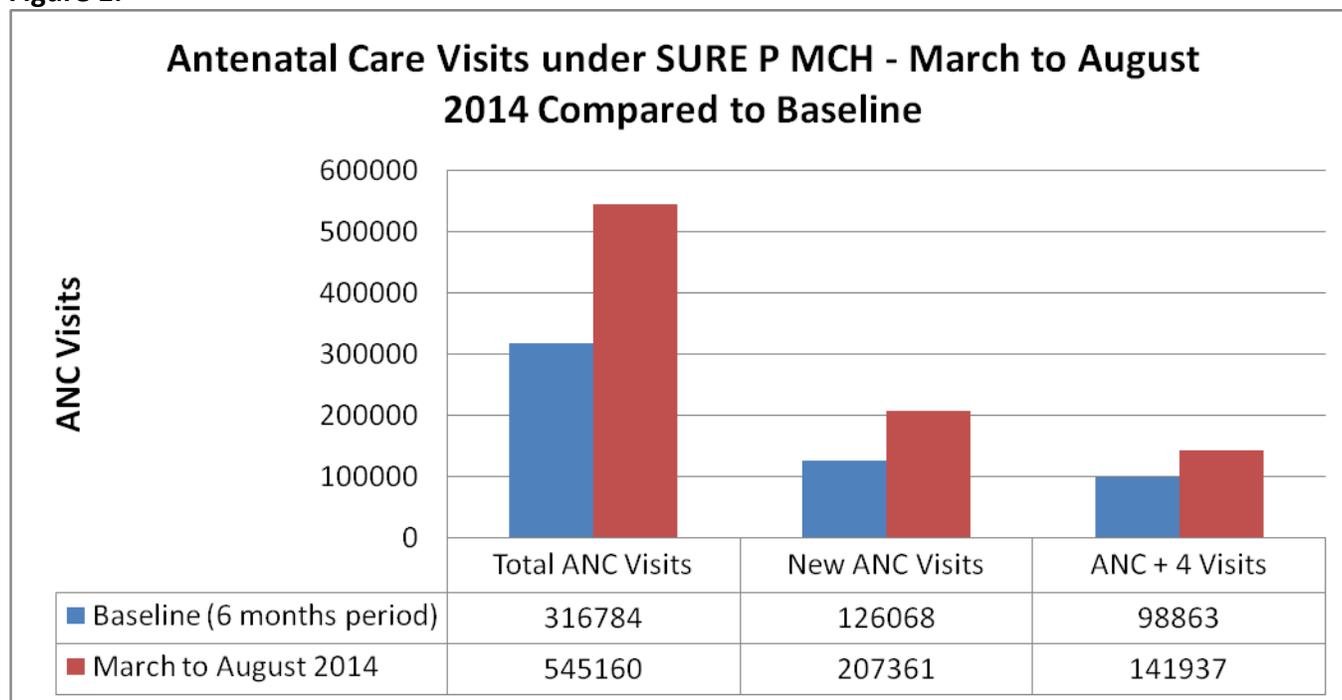


Figure 2:

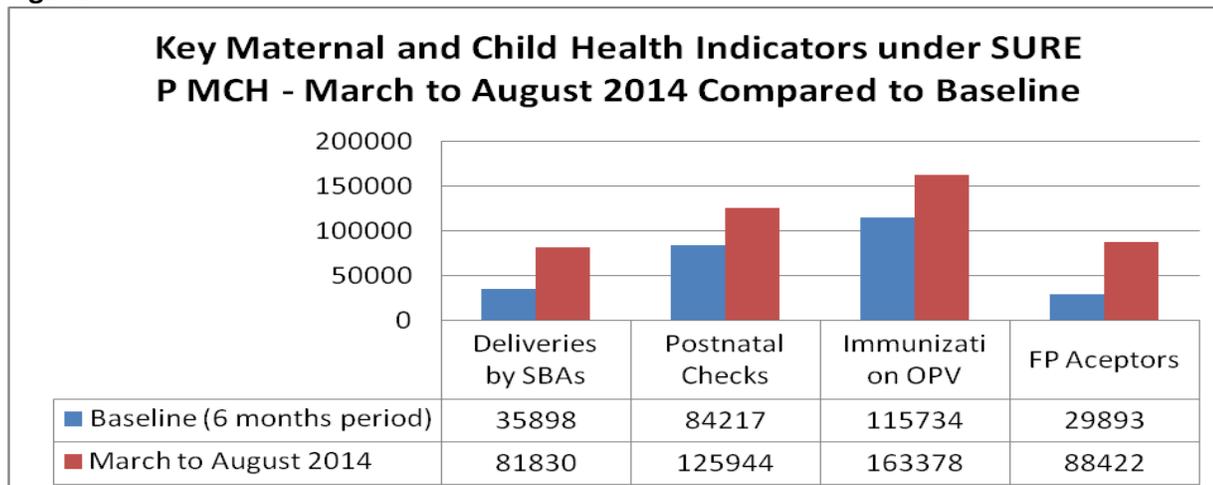


Figure 3:

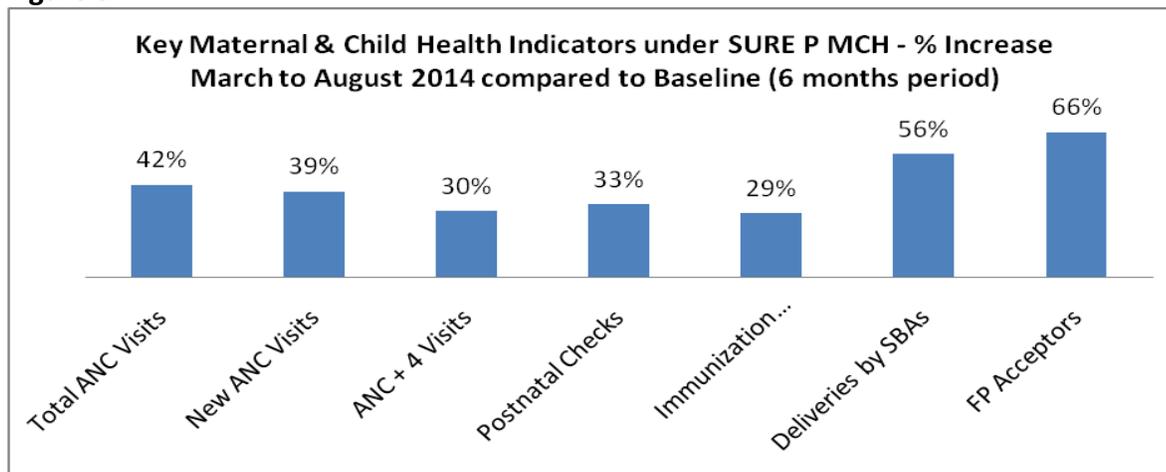
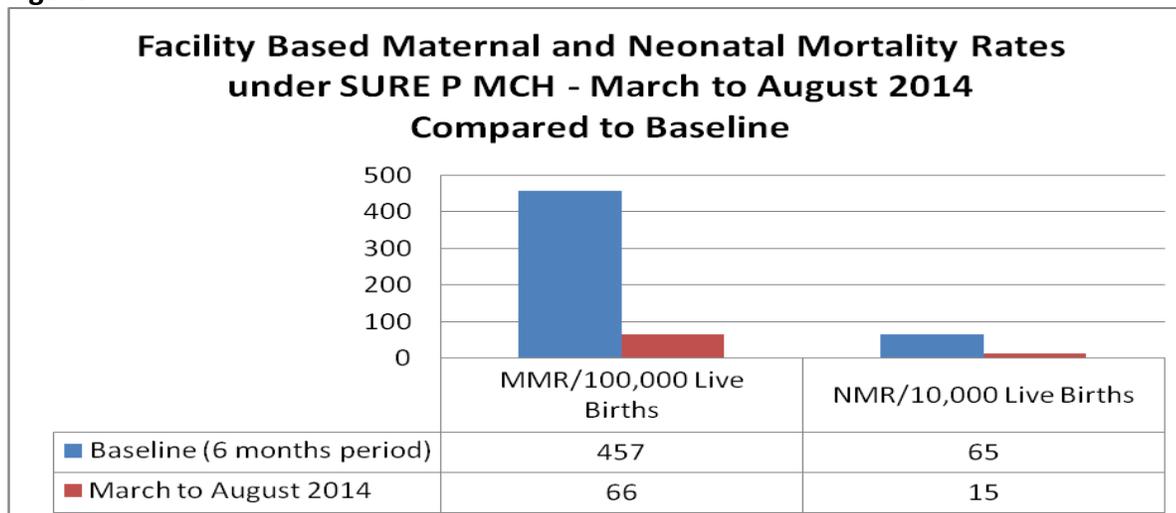


Figure 4:



ACHIEVEMENTS BY STATE & ZONE

SOUTH SOUTH ZONE

S/N	STATE	Number of SURE P MCH Supported Facilities	Number of Health Care Workers Employed/Deployed	Number of MEDICAL KITS DISTRIBUTED	DRUGS DISTRIBUTED	MEDICAL EQUIPMENTS DISTRIBUTED	INFRASTRUCTURE DEVELOPED
1	Akwa Ibom	24	Midwives – 89 CHEWS – 96 VHWs-143	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs
2	Bayelsa	24	Midwives – 81 CHEWs – 94 VHWs-142	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs
3	Cross River	24	Midwives – 102 CHEWs – 90 VHWs -143	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs
4	Delta	24	Midwives – 88 CHEWs – 96 VHWs-144	Mama kits – 16,320 Midwifery Kit-48 VHW Kits - 144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs
5	Edo	24	Midwives – 96 CHEWs – 90 VHWs - 144	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs
6	Rivers	24	Midwives – 98 CHEWs - 94 VHWs – 143	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs

SOUTH EAST ZONE

S/N	STATE	Number of SURE P MCH Supported Facilities	Number of Health Care Workers Employed/Deployed	Number of MEDICAL KITS DISTRIBUTED	DRUGS DISTRIBUTED	MEDICAL EQUIPMENTS DISTRIBUTED	INFRASTRUCTURE DEVELOPED
1	Anambra	24	Midwives- 95 CHEWs-88 VHWs- 144	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of midwife accommodation-3 PHCs
2	Abia	24	Midwives-95 CHEWs-86 VHWs- 141	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs
3	Ebonyi	32	Midwives-117 CHEWs-113 VHWs- 183	Mama Kits – 21,760 Midwifery Kits- 64 VHW Kits-192 Outreach Kits -64	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation – 16 PHCs Boreholes – 16 PHCs Construction of Midwife accommodation – 4 PHCs
4	Enugu	24	Midwives-92 CHEWs-85 VHWs- 136	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of accommodation-3 PHCs
5	Imo	24	Midwives- 96 CHEWs-88 VHWs- 143	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of accommodation-3 PHCs

SOUTH WEST ZONE

S/N	STATE	Number of SURE P MCH Supported Facilities	Number of Health Care Workers Employed/Deployed	Number of MEDICAL KITS DISTRIBUTED	DRUGS DISTRIBUTED	MEDICAL EQUIPMENTS DISTRIBUTED	INFRASTRUCTURE DEVELOPED
1	Ekiti	24	Midwives-93 CHEWs –87 VHWs -142	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs
2	Lagos	24	Midwives-91 CHEWs –87 VHWs -144	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kit s-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs
3	Ogun	24	Midwives-93 CHEWs –87 VHWs -144	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs
4	Ondo	24	Midwives-91 CHEWs –94 VHWs -144	Mama kits – 16,320 Midwifery Kit-48 VHW Kits - 144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs
5	Osun	24	Midwives-89 CHEWs –88 VHWs -144	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs
6	Oyo	24	Midwives-94 CHEWs –88 VHWs -144	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs

NORTH CENTRAL ZONE

S/N	STATE	Number of SURE P MCH Supported Facilities	Number of Health Care Workers Employed/Deployed	Number of MEDICAL KITS DISTRIBUTED	DRUGS DISTRIBUTED	MEDICAL EQUIPMENTS DISTRIBUTED	INFRASTRUCTURE DEVELOPED
1	Benue	24	Midwives-94 CHEWs-85 VHWs-144	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs
2	Kogi	24	Midwives-94 CHEWs-74 VHWs-143	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kit s- 48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs
3	Kwara	24	Midwives-91 CHEWs-92 VHWs-141	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs
4	Nasarawa	24	Midwives-87 CHEWs-83 VHWs-144	Mama kits – 16,320 Midwifery Kit-48 VHW Kits - 144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs
5	Niger	24	Midwives-89 CHEWs-82 VHWs-143	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs
6	Plateau	24	Midwives-88 CHEWs-94 VHWs-144	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation-3 PHCs
7	FCT	24	Midwives-99 CHEWs-95 VHWs-142	Mama kits – 16,320 Midwifery Kit-48 VHW Kits-144 Outreach Kits-48	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation- 12 PHCs Boreholes -12 PHCs Construction of Midwife accommodation -3 PHCs

NORTH EAST ZONE

S/N	STATE	Number of SURE P MCH Supported Facilities	Number of Health Care Workers Employed/Deployed	Number of MEDICAL KITS DISTRIBUTED	DRUGS DISTRIBUTED	MEDICAL EQUIPMENTS DISTRIBUTED	INFRASTRUCTURE DEVELOPED
1	Adamawa	32	Midwives-44 CHEWs-76 VHWs-162	Mama Kits – 21,760 Midwifery Kits-64 VHW Kits-192 Outreach Kits -64	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation – 16 PHCs Boreholes – 16 PHCs Construction of Midwife accommodation – 4 PHCs
	Bauchi	32	Midwives-111 CHEWs-71 VHWs-186	Mama Kits – 21,760 Midwifery Kits-64 VHW Kits-192 Outreach Kits -64	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation – 16 PHCs Boreholes – 16 PHCs Construction of Midwife accommodation – 4 PHCs
	Borno	32	Midwives-41 CHEWs-91 VHWs-132	Mama Kits – 21,760 Midwifery Kits-64 VHW Kits-192 Outreach Kits -64	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation – 16 PHCs Boreholes – 16 PHCs Construction of Midwife accommodation – 4 PHCs
	Gombe	32	Midwives-79 CHEWs-43 VHWs-192	Mama Kits – 21,760 Midwifery Kits-64 VHW Kits-192 Outreach Kits -64	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation – 16 PHCs Boreholes – 16 PHCs Construction of Midwife accommodation – 4 PHCs
	Taraba	32	Midwives-55 CHEWs-92 VHWs-192	Mama Kits – 21,760 Midwifery Kits-64 VHW Kits-192 Outreach Kits -64	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation – 16 PHCs Boreholes – 16 PHCs Construction of Midwife accommodation – 4 PHCs
	Yobe	32	Midwives-5 CHEWs-91 VHWs-160	Mama Kits – 21,760 Midwifery Kits-64 VHW Kits-192 Outreach Kits -64	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation – 16 PHCs Boreholes – 16 PHCs Construction of Midwife accommodation – 4 PHCs

NORTH WEST ZONE

S/N	STATE	No of SURE P MCH Supported Facilities	Number of Health Care Workers Employed/Deployed	Number of MEDICAL KITS DISTRIBUTED	DRUGS DISTRIBUTED	MEDICAL EQUIPMENTS DISTRIBUTED	INFRASTRUCTURE DEVELOPED
1	Jigawa	32	Midwives-109 CHEWs-70 VHWs-192	Mama Kits –21,760 Midwifery Kits-64 VHW Kits-192 Outreach Kits -64	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation – 16 PHCs Boreholes – 16 PHCs Construction of Midwife accommodation – 4 PHCs
	Kaduna	32	Midwives- 99 CHEWs-81 VHWs-191	Mama Kits –21,760 Midwifery Kits-64 VHW Kits-192 Outreach Kits -64	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation – 16 PHCs Boreholes – 16 PHCs Construction of Midwife accommodation – 4 PHCs
	Kano	32	Midwives-90 CHEWs-65 VHWs-189	Mama Kits –21,760 Midwifery Kits-64 VHW Kits-192 Outreach Kits -64	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation – 16 PHCs Boreholes – 16 PHCs Construction of Midwife accommodation – 4 PHCs
	Katsina	32	Midwives-43 CHEWs-156 VHWs-192	Mama Kits –21,760 Midwifery Kits-64 VHW Kits-192 Outreach Kits -64	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation – 16 PHCs Boreholes – 16 PHCs Construction of Midwife accommodation – 4 PHCs
	Kebbi	32	Midwives-100 CHEWs-64 VHWs-191	Mama Kits –21,760 Midwifery Kits-64 VHW Kits-192 Outreach Kits -64	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation – 16 PHCs Boreholes – 16 PHCs Construction of Midwife accommodation – 4 PHCs
	Sokoto	32	Midwives-80 CHEWs-29 VHWs-191	Mama Kits –21,760 Midwifery Kits-64 VHW Kits-192 Outreach Kits -64	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation – 16 PHCs Boreholes – 16 PHCs Construction of Midwife accommodation – 4 PHCs
	Zamfara	32	Midwives-60 CHEWs-39 VHWs-192	Mama Kits –21,760 Midwifery Kits-64 VHW Kits-192 Outreach Kits -64	Maternal and Child health drugs	Medical equipment required for antenatal and labour ward	Renovation – 16 PHCs Boreholes – 16 PHCs Construction of Midwife accommodation – 4 PHCs

N/B: CHEWs – Community Health Extension Workers, VHW = Village Health Workers, PHC = Primary Health Care facility

NUMBER OF BENEFICIARIES WHO HAVE RECEIVED CONDITIONAL CASH TRANSFERS BY STATE

S/N	STATE	NUMBER OF BENEFICIARIES
1	Abia	592
2	Anambra	1897
3	Bayelsa	2139
4	Benue	1076
5	Bauchi	6640
6	Delta	802
7	Ebonyi	2777
8	Ekiti	1251
9	Enugu	574
10	FCT	13,937
11	Kaduna	2360
12	Kogi	696
13	Niger	3606
14	Ogun	4028
15	Oyo	389
16	Sokoto	1778
17	Taraba	1844
18	Zamfara	3322
	TOTAL	49,708

NB/ Please note that States started implementation on different dates and initiative is an on-going process.